Effective October 1, 2000												1/695 232			
CLAIMS AS FILED - PART I (Column 1) (Column 2								SMALI TYPE	L EN	ITITY	OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			12					RATE		FEE	1	RATE	FEE		
FO	R	· · · · · · · · · · · · · · · · · · ·	NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			# minus 20=		. 28			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			/8 minus 3 =		*: 15			X40=			OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT									+135=		OR	+270=			
* If	the difference	in column 1 is	less than ze	ero, enter "0" in column 2				TOTAL			OR	TOTAL			
CLAIMS AS AMENDED - PART II												OTHER	THAN		
(Column 1) (Column 2) (Column							3)	SMA	LL E	NTITY	OR .	SMALL	NTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESEN EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=			
AME	Independent	*	Minus	***	F.CL AIM	=	4	X40=			OR	X80=			
	FIRST PRESE	NTATION OF M	OLTIPLE DEF	PINDEIN	CLAIM			+135)=		OR	+270=			
								TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	mn 2)	(Column	3)	ADDIT.				ADDII. 1 EE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT				PRESEN EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9)=		OR	X\$18=			
	Independent	*	Minus	***		=		X40:	=		OR	X80=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+135				+270=			
								<u> </u>	r– TAL		OR	TOTAL			
								ADDIT. F			OR	ADDIT. FEE			
_		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column I	13)		- 1		l 1				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESEN EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	-	=		X\$ 9	=		OR	X\$18=			
	Independent	*	Minus	***		=		X40:	=		OR	X80=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM						OH				
•	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2. write	e "0" in co	lumn 3		+135			OR	+270=			
**	If the "Highest Nu If the "Highest Nu	mber Previously P Imber Previously P	aid For" IN THI aid For" IN THI	S SPACE	is less tha is less tha	n 20, enter in 3, enter "	3."	TO ADDIT. F	EE			TOTAL ADDIT. FEE			
	The "Highest Nun	nber Previously Pa	ud For" (Total o	r Independ	ent) is the	highest nu	mber fo	und in the	e app	ropriate bo	x in col	umn 1.			

Application or Docket Number